STATE OF CALIFORNIA

PRESCRIBER'S DIRECT DISPENSING LOG BNE 1179 (1/05)





Prescriber/Dispense			Telephone:							
Address:										
DEA #:										
Date of Dispensing Numeric			uantity	Drug Name	NE	NDC Number			Strength of Rx	
Patient First Name			II 1	Patient Last Name		Patient Date of Birth R		Rx Num	Rx Number	
Gender Code Male=1/Female=2		Code Patient		ent Address		City		State	Zip	
Date of Dispensing	2 Nume	eric Q	uantity	Drug Name	NI	DC Nı	ımber	'	Strength of Rx	
Patient First Name			II 1	Patient Last Name		Patient Date of Birth Rx N		Rx Num	ber	
Gender Code Male=1/Female=2 ICD Cod			Patie		City		State	Zip		
Date of Dispensing Numer			uantity	Drug Name	NI	IDC Number			Strength of Rx	
Patient First Name			II]	Patient Last Name	Patie		ent Date of Birth	Rx Number		
Gender Code Male=1/Female=2		ode Patient		ent Address			City	State	Zip	
Reporting Month	n/Year:		/	/						
Date submitted:		_/		_/						